DOCUMENT RESUME

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ABSTRACT

The document contains the final report of the Central Institute for the Deaf Parent-Infant Early Education Program in three major areas--continuation/outreach, replication, and evaluation. A description of activities and statistics are outlined for procedures carried out under each of the three areas. Noted among products are the following: a videotape on teenagers with hearing impairments, a module to promote parent growth through groups, a parent inventory, and dissemination packages. It is concluded that national awareness was successfully achieved. Appendices, which make up the bulk of the report, include parent-infant program demographic data and progress reports, a 1978-1979 yearly report on the nursery classes of the parent-infant program, conrrespondence, new listings information on and a sample copy of the parent inventory, and sample training evaluation forms. (SB)

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ED199957

FINAL REPORT

PARENT-INFANT EARLY EDUCATION PROGRAM

CENTRAL INSTITUTE FOR THE DEAF

ST. LOUIS, MISSOURI

G007802450

13.444B

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

FORM APPROVED
OMB NO. 51-R1091

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations *(45 CFR 121, GSA FMC 74-7)*.

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report: 8/31/79
2. Grant Number: G00782450
3. Period of Report: From: 07/01/78 To: 06/30/79
4. Grantee Name and Descriptive Name of Project:
Central Institute for the Deaf
Parent-Infant Early Education Program

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s): Audrey Simmons-Martin, Ed.D.

Signature of Project Director(s) or Principal Investigator(s):

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development	Dissemination
Demonstration/Service	Preservice/Inservice Training
Evaluation	

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs: e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration)*.

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released: reports in newspapers, maga-

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zines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C. All grantees are to respond to this section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments *(i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).*

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about *(e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).*

Part III

All grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA – Demonstration/Service Activities Date
Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served; i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Age 19 and Over
1. Trainable Mentally Retarded						
2. Educable Mentally Retarded						
3. Specific Learning Disabilities						
4. Deaf-Blind						
5. Deaf/Hard of Hearing						
6. Visually Handicapped						
7. Seriously Emotionally Disturbed						
8. Speech Impaired						
9. Other Health Impaired						
10. Orthopedically Impaired						
11. Total						
12. Multihandicapped						

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.

Table IB

Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number	
	Full-time	Part-time (As Full-time Equivalents)
Professional Personnel *(excluding teachers)*		
Teachers		
Paraprofessional		

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	
Diagnostic and Evaluative	
Found to Need Special Help	
Other Resource Assistance	

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	Post-MA
Multihandicapped					
Administration					
Early Childhood					
Trainable Mentally Retarded					
Educable Mentally Retarded					
Specific Learning Disabilities					
Deaf/Hard of Hearing					
Visually Handicapped					
Seriously Emotionally Disturbed					
Speech Impaired					
Orthopedically and Other Health Impaired					
TOTAL					

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Table IIIA
Placement of Children Participating in Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period. *NOTE: Count each child only once by primary type of placement below.*

TYPE OF PLACEMENT			NUMBER OF CHILDREN	
			FULL-TIME	PART-TIME
INTEGRATED PLACEMENT *(i.e., in regular programs with children who are NOT handicapped)*	Nursery schools			
	Day-care programs			
	Head Start			
	Pre-kindergarten			
	Kindergarten			
	Primary grades	First		
		Second		
		Other		
SPECIAL EDUCATION PLACEMENT *(i.e., in classes only for handicapped children but situated in regular private or public school)*	Pre-kindergarten			
	Kindergarten			
	Primary grades	First		
		Second		
		Other		
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)*			

Table IIIB

Cumulative number of children entered into integrated placement *(if known)* prior to this report period ⟶	NUMBER	Estimated retention rate of cumulative number in integrated placement ⟶	PERCENT %

FINAL REPORT

PARENT-INFANT - EARLY EDUCATION PROGRAM

CENTRAL INSTITUTE FOR THE DEAF

GRANT NUMBER: G007802450

JUNE 30, 1979

Our proporal for 1978-79 covered three major areas:

1.0 Continuation/Outreach

2.0 Replication, and

3.0 Evaluation

The accomplishments were reported in detail in the Outreach Proposal for 1979-80 (Tracking Number #444BH90078). They were so described because the Outreach proposals in the past had been a report of the current year's activities with an indication of how they would be continued or amplified in the ensuing year. Therefore, I ask the reader to refer to our 1979-80 proposal for Outreach support for the activity details. Nevertheless, we will briefly report at this time on the project 1978-79 activities.

1.0 Under Continuation/Outreach we carried on model setting, media preparation and dissemination.

1.1 The major activity was the maintenance of the model which was used for training, initial and inservice, at our site or replicators site.

Each facet of the model was reported separately and each report warrants sharing at this time. Therefore in the appendices the reader will find the following reports:

1.1.1 The Demographic Reports of the enrollment from two reporting periods

7/1/78 - 1/23/79 (Appendix A)
1/24/79 - 6/30/79 (Appendix B)

1.1.2 The report of the classroom teacher of the nursery classes of the children 2+ years of age (Appendix C).

1.1.3 The Parent Group Meetings held throughout the year. (Appendix D).

1.1.4 The Newsletter sent to parents, Advisory Board and other interested persons (Appendix E).

1.2 Our Material Preparation has gone in several directions from videotape to books.

1.2.1 Of great value have been the mediated materials.

1.2.1.1 In our Outreach activities we completed modules on:

Speaking Out - A videotape which features 6 teenagers with hearing impairments ranging from severe to profound. They discuss their experiences in high school and college and their hopes for the future. This tape provides an outstanding example of language functioning for hearing-impaired young people. It is particularly effective for demonstrating in a short interval of time the results of our program.

Home Settings for Child Growth - This production shows Shannon, a 15 month-old hearing-impaired child, as she participates, with her parents, in a variety of language learning activities suited to various rooms in the Parent-Infant Program Home Demonstration Center. It focuses on aural/oral procedures which lend themselves to individual rooms within a home.

Promoting Growth Through Groups: Principles

This 30 minute tape addresses the parent discussion groups where parents are strengthened through ventilation and catharsis. The group is led by a Social Worker and the interaction between parents and the leader are valuable illustrations of desirable interactive techniques.

Promoting Parent Growth Through Groups: Goals The parents set goals for themselves and discuss the difficulties that occur in achieving the goals. Within this framework the intensity of parents' feelings about the presence of a handicapped child and the stress within the family as a result are revealed. The adroit handling of the discussions is a very fine demonstration of techniques.

1.2.1.2 We are about to complete the following:

Language Development - A slide presentation supporting the philosophical base of our program.

Cognitive Development. A videotape explores the cognitive potential available in daily activities and parental ability to exploit it.

Children Learn Through Play. A slide/ cassette which treats the role of play in the child's social development and looks at its dynamics across ages relative to specific skills.

1.2.1.3 Importantly we have completed a book of the papers given at the International Conference on Parents and Young Children - St. Louis 1978 which was dedicated to Dr. Ira Gordon who gave his last professional presentation. That book, Parent-Infant Intervention: Communication Disorders has been distributed to over 300 attendees and interested people.

1.2.1.4 The circulation of these and earlier modules continues to be gratifying.

More than 26 video shows have been distributed.

More than 16 slide/cassette shows have also been disseminated.

1.2.2 Measurement Tools

1.2.2.1 As we described in our proposal, we have a continuing need to evaluate the parents who are the pupils in our program. To meet this need we proposed a Parent Inventory.

It has been completed and is now ready for standardization. While not ready yet for circulation, we are nevertheless enclosing it in this report so that the reader can get an idea of the direction in which we are going. (See Appendix F)

1.2.2.2 Furthermore we are continuing to work with one of our state-wide replications, Ohio state through Carol Quick and assist them in their evaluation standardization of the Toledo-McKesson Scale.

1.3 Dissemination

Dissemination activities have been varied but have all revolved around the process underlying our model. These activities have afforded us the opportunity of creating awareness, demonstrating the conceptual model of strong parent-child interaction, providing information regarding young children and language development as well as detailed information to be incorporated into existing programs.

1.3.1 Dissemination Packages: We have continued to disseminate a package which includes two brochures which describe our program, a bibliography which allows for exploration of both theory and practice in greater detail, a catalog describing our currently available media, and a newly developed single page flyer.

1.3.1.1 875 packages have been mailed in response to requests. These responses include multiple mailings totalling over 3000. Others requesting information include college professors and program directors.

1.3.1.2 Over 1500 additional packets were hand delivered at conferences, conventions, etc.

1.3.2 Visitors: Visitors to our program included administrators, teachers, professional training students, and parents, which breakdown as follows:

10% administrators
15% teachers
63% students
12% parents

They were from:

52 public school districts
8 non-public schools and,
7 medical facilities

They represented communities over 100,000 and other urban communities as well as suburban communities and rural communities.

1.3.3 Conferences. Participated in conferences and presented the process which could be considered informing.

- Pennsylvania. Participated in a Special Conference of BEH-funded projects engaged in training para-professionals, Allentown, PA. Approximately 100 people attended.

- Pasadena, California, presented a paper, "Speech and Language Development for the Preschool Child" at the International Conference on Auditory Training.

- Springfield, Missouri, participated in the South Central Conference on Early Education for the Handicapped - "Treating the Very Young Child", 125 attendees.

- Austin, Texas, participated in the Convention of American Instructors of the Deaf, 200 attendees.

- Ann Arbor, Michigan, attended the Spring conference of the High/Scope Educational Foundation, approximately 300 attendees.

- New York, New York, attended a five-day institute at Teachers College, Columbia University on "Emerging Perspectives in Infant and Toddler Development: Implidations for the Young Handicapped Child." Approximately 100 attendees.

1.3.4 Workshops. Were presented and could be considered awareness or training.

- Commack, New York. Presented a workshop for the Long Island Speech and Hearing Association. Approximately 500 attendees.

- Cincinnati, Ohio. Presented a workshop for the Special Education Regional Resource Center, Cincinnati, Ohio, 376 participants.

- Presented a workshop for the Arizona School for Deaf and Blind, Tucson, Arizona. Approximately 85 attendees.

- Presented an inservice training workshop on "Teaching Language to the Hearing Impaired," Nova Scotia, 425 attendees.

- Presented an inservice training workshop for the Speech Hearing and Neurosensory Center, San Diego, California. 20 attendees.

1.3.5 Seminars representing still another form of training have been conducted as follows.

- Presented a seminar to a Developmental Disabilities class, Washington University, St. Louis, Missouri. 28 participants.

- Conducted a series of mini-seminars for medical students from St. Louis University Medical School, St. Louis, Missouri.

- Conducted a seminar for staff personnel, Family and Children Services, St. Louis, Missouri. Two of three seminars have been presented. Four participants.

1.3.6 Demonstrations are still another way of disseminating both process and product.

- Presented five demonstrations for the United Way with children and media. 1000 people attended
- Demonstrated for eight professional groups, approximately 20 people.

1.3.7 Exhibits at conferences and conventions allow for the dissemination of information to groups that might otherwise be missed. Several different types of exhibits have been used, suiting the interests and needs of the audience. All exhibits utilized media and printed materials. Professional staff members were available at all exhibits to answer questions and provide additional information.

- Prepared an exhibit concerning early diagnosis and education for the Missouri Speech and Hearing Association, St. Louis, Missouri. Viewed by approximately 125 people.
- Prepared an exhibit for the Parent-Child Day Program sponsored by the Association for the Education of Young Children, St. Louis, Missouri. 1000 people viewed the booth.
- Provided an exhibit for the Midwest Association for the Education of Young Children Convention, St. Louis, Missouri. Approximately 400 viewed the exhibit.

2.0 REPLICATION

2.1 Locations

Our plans were to develop state-wide programs. However, we find that it inevitably becomes the LEA with whom we have to deal. Pennsylvania is a case in point. We have replications completed in Pittsburgh at the DePaul Insititute and in Kingston in the Intermediate Unit #18. One is in the process of replication in Media, Pennsylvania and one is just beginning at Western Pennsylvania School for the Deaf.

In Pennsylvania the contact people are:

Pittsburgh: DePaul Institute, Sister Philomena Mannion
Kingston, PA: Intermediate Unit #18, Dr. Louis Sieminski
Media, PA: Intermediate Unit #25, Ms. Lillian Wilson

In Arizona. We site visited our replication at the Arizona School for the Deaf and have a replication in Phoenix, Arizona in the Washington Elementary School District #6, Contact person, Cinda Boughan.

In California we made two site visits to our replication at Oralingua.

We began replicating at San Diego Children's Hospital. We have completed an inservice training there.

In Texas we have begun with the North Region and have an agreement with them to serve as a pivot for replications throughout the state. Dorine Cunningham is the Contact Person.

Two staff people from Mesquite, Texas had intensive training at this model site in February. Their names are Sharon Tallet and Gail Sullivan.

In Missouri we have a replication in Bonne Terre and one in the process in Springfield.

We are continuing an action in the Family Resource Center. This has included workshops at our site and use of the media developed here.

In Maryland we are still in the negotiation process. Ms. Susan Bluma too recently joined the SEA for us to process further than lengthy discussions this Spring.

In Illinois we have encountered some academic problems because the administrators feel they are endorsing oralism if they replicate our model. Unfortunately, they have been unable to see the benefit lies not in the form of communication but in developing reciprocity in the parent and language behavior in the child.

2.2 Training we offered at Replication Site

2.2.1 Audience

a) Target Audience: The major portion of our training was focused on the key people within the replication site, those who are directly responsible for implementation of the program.

b) Ancillary: In addition to the key people within the site, training at the replication site included others within the LEA. The specific others depended on the administrative organization within the LEA. They included audiological, psychological, or educational support staff.

c) Administrators: The inclusion of administrators was invaluable. For example, we feel our replication in Texas is greatly enhanced because of the inclusion of both the State Superintendent and the Assistant State Superintendent.

2.2.2 Components

a) Goals are developed for each facet of training which reflect input from needs assessment.

b) Concepts underlying process

c) Service delivery with emphasis on techniques and strategies.

2.3 Training of replicators at our site

Agenda: An agenda was planned using information gained through needs assessment. This planning stage involved the entire model program staff. The training consisted of observations, oral presentations, and mediated presentations. Each days training was summarized both for and by the trainee in informal discussion meetings with the staff. At the conclusion of each day's training, the staff evaluated the training, and, if necessary altered the following day's schedule.

Outside Study: Each day's training was supplemented by the provision of reading material, published and unpublished. Because of the complexity of the program, we believe that the provision of such material, which can be read during the training and again afterward at the replicator's own site, is important.

2.4 Long term professional training at our site

We are actively engaged in pre-service training within the Speech and Hearing Department of Washington University. The students in this pre-service training typically leave us and find employment nation-wide. The understanding gained through course work and practicum during their training goes with them. In addition to the direct benefit accruing to the students themselves, we also benefit in the give and take in the teaching-learning act. Our skills in training potential adopters are honed by our extensive work with pre-service students who in effect "keep us on our toes."

2.4.1 The Core Course "Language Development for Young Hearing-Impaired Children #435," examined current reference to the role of parents and the application of these findings to language delayed and/or hearing-impaired children.
Sixteen students took this course during the 1978 Fall term.

2.4.2 Six second-year students elected to take "Management of Young Hearing-Impaired Children, #556" which examined in depth strategies used with parents in the Home Demonstration Center.

2.4.3 The Core Course "Education of Young Hearing Impaired Children, #456" examined the historical and philosophical trends in early education with specific reference for translating these ideas into instructional requirements, objectives, and techniques and strategies found efficacious with young hearing-impaired children.

14 first year students took this course during the 1979 Spring Semester.

2.4.4 Four second year students who had taken "Management of Young Hearing-Impaired Children, #556" first semester, engaged in practicum during the second semester.

2.4.5 Seven second year students observed in the Home Demonstration Center for several weeks during the Spring Semester.

2.4.6 Two students wrote Independent Studies in connection with the Parent-Infant Program in partial fulfillment of the requirements for the Masters Degree.

2.4.7 Three students are doing independent work at the Parent-Infant Program during the Summer.

3.0 Evaluation

Our outside evaluator moved out of this area, however, before he left he sent the evaluation we have already forwarded to you. We have had Merle Karnes in, but since she was to evaluate this year, it represented pre-planning for 1979-80, and is inappropriate here.

We are taking the liberty of capsulating the seven replication phases under 2.1 of our proposal and reporting on Context, Input, Process and Product evaluations. Regrettably that statistical analysis was a luxury we did not have and consequently we are presenting raw data.

Context Evaluation

The purpose of the evaluation was to determine specific goals and objectives. The Central Institute for the Deaf project staff has generated a complete list of all possible goals. The starting point was those goals and objectives outlined in the proposal. Subsequently a questionnaire was developed using a simple rating scale for the purpose of ranking the goals and objectives. A final list of goals and objectives has been selected based upon the results of the questionnaire and is being prepared for dissemination at this time.

Input Evaluation

The input evaluation formed the basis on which we planned and structured the inservice training to meet the stated goals and objectives. The additional evaluation information came from participants in letters. (Appendix G)

Process Evaluation

The process evaluation carefully monitored our activities in order to assure that goals and objectives were being met. This was a two-way evaluation, i.e.: (1) Is the information being dispensed so as to most effectively meet the goals and objectives? and (2) Were the participants ingesting and assimilating the information in a manner which caused the goals and objectives to be met? Question and answer periods were used to gain this information.

Product Evaluation

The purpose of this product evaluation was to assess the results of the Inservice Training. Questionnaires were used to determine whether participants had indeed met the stated goals and objectives. Then we compared this tangible evidence to the intended outcomes. For example, were the goals of the training clear? Was the content or substance of the training appropriate? Was the media helpful? Was the pace of the training appropriate? A sample is appended in Appendix H.

Conclusion

We have successfully achieved national awareness of our model. We have not restricted the dissemination and replication but have influenced non-public as well as LEA's and SEA's. With confidence we can say, that our Validated model program has had an outstanding year in broadcasting its effectiveness and in assisting others to replicate thus meeting the needs of increasing numbers of children.

Appendix A

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Parent-Infant Program
Demographic Report

7/1/78 - 1/23/79

1.0 Children Enrolled in the Program

1.1 Age Upon Enrollment

Birth to 12 months	11
13 months - 18 months	16
19 months - 24 months	16
25 months - 36 months	20
37 months - 48 months	8
49 months - 60 months	1
	72

1.2 Children Who Terminated

Transferred to Preschool CID	8
Attend Schools for Hearing-Impaired in Own Community	7
Normal Hearing but Need Monitoring	2
Diagnostic Teaching led to Proper Placement	5
Parents Moved Out of Area	1

1.3 Children Who Remain in Program 49

2.0 Possible Etiology

Unknown	24
Meningitis	10
Heredity	7
Maternal Rubella	5
Normal Hearing	2
Multiple Birth Defects	1

3.0 Amount of Hearing Loss

Normal	4
Mild	0
Moderate	10
Severe	18
Profound	17

4.0 Referral Source

ENT	6
Pediatrician	6
St. Louis Children's Hospital	7
Cardinal Glennon	9
Diagnostic Centers	5
Relatives	1
Parents Themselves	5
CID Board Member	1
City Hospital	2
CID Professional Alumni	3
Advertisement in Volta	1
MCCS	3

5.0 Place of Residence

St. Louis City	17
St. Louis County including St. Charles	15
Outstate Missouri	11
Illinois	3
Arkansas	1
Wisconsin	1
Ireland	1

6.0 Family Information

One Parent Home	10
1 Child	19
2 Children	18
3 Children	7
4 Children	4
5 Children	1
More than 1 handicapped child	8
Handicapped parents	4
Parents of handicapped child not maintaining own household	5

7.0 Children With Multiple Handicaps

Delayed Development - Possibly MR	10
Orthopedic	8
Cerebral Palsy	2
Vision	3
Severe Respiratory	1
Epilectic	1
Heart	2
Normal Hearing - Language Delayed	3
Cleft Palate	1
Behavior	1

8.0	Hearing Aids Lent	63
9.0	Number of Audiometric Tests	57
11.0	Number of Electric Response Audiometric Tests	11
12.0	Number of Tympanograms	51
13.0	Number of Psychometric Tests	4

Nursery Class - Parent-Infant Program

Progress Report

September 1978 - February 1979

9:15 - 10:15	10:30 - 12:00	1:00 - 2:30
6 children	7 children	9 children
lasses began Sept. 20 nd through February et 40 times	Classes began Sept. 20 and through February met 40 times	Classes began Sept. 21 and through February met 45 times
ach child and mother ere seen once before ept. 20	Each child and mother were seen once before Sept. 20	Each child and mother were seen once before Sept. 21
ge Range (as of Sept.) 2.0 to 2-6	Age Range (as of Sept.) 2-7 to 2-11	Age range (as of Sept.) 3-0 to 4-4
earing level range: Moderate-Profound	Hearing level range: Moderate-Profound	Hearing level range: Mild to Profound

Mothers rotate into class one at a time

9 week sessions with social worker once a week for 1½ hours for the parents. One volunteer aide present in classroom.

Goals of pre-school classes:

1. Development of social skills.
2. Development of appropriate gross and fine motor skills for the children's respective ages.
3. Language input about whatever activity is taking place with longitudinal goal of developing expressive skills pertaining to those activities.
4. Separation from Mother.
5. Development of rapport with the teacher and other adults.
6. Learning experience for Mother when she is in the room on how to handle various learning and behavioral situations.
7. Development of the ability of the children to adjust to a school routine - adaptability to change - increase attention span - development of the children's ability to improve their self help skills.
8. Development of the ability to have fun and learn to play cooperatively and appropriately with other children.

11-15-78

FROM: Helen Kornblum, ACSW

RE: Parent Groups

2 groups have met 5 times; 1 group has met twice.
About 6 parents (predominately mothers) attend each group.

Topics discussed:

1. Discipline - difficulty being consistent; difficulty being reasonably firm.
2. Expectations of others-
   Often ashamed of feelings of sadness, guils (some parents seeing the child's handicap as punishment for the parents' wrong-doing, i.e., illegitimate birth).
3. Need for time alone and with spouse away from child.
4. Time and energy for other children in the family.
5. Preventing their child from using the hearing aid as a weapon against the parent.
6. Separations--
   leaving the child at school; with a sitter; with other relatives.
7. Bedtime - the change from crib to "big" bed; difficulty being consistent.
8. Transitional objects - purpose served; difficulty eliminating pacifiers.
9. Tantrums - dealing with them in public. Separating parent's feelings from child's
10. Ways to promote "initiative rather than passivity in the child through allowing for choices and autonomy.
11. Child and parents' reaction to birth of a new baby in the family.

12. Becoming more comfortable with different feelings toward each child.

13. Mother's feelings of extreme responsibility, feelings of helplessness, overwhelmed at times.

14. Father's role - often less involvement with child; different coping styles; denial; feeling ashamed of child; marital problems (in at least 3 families).

15. Feeling isolated with issues around child's deafness - other than in the Program.

16. Difficulty when cause of deafness is unknown (tendency to assume guilt).

17. Preparation for stages of "acceptance" of deafness as child grows.

18. Becoming more comfortable explaining child's problem to others.

19. Reactions of strangers in store; family (grandparents).

20. Wanting to become less sensitive to criticism as a parent.

Parent-Infant Program
Demographic Report

1/24/79 - 6/30/79

1.0 Children Enrolled in the Program

1.1 Age Upon Enrollment

Birth to 12 months	9
13 months - 18 months	12
19 months - 24 months	20
25 months - 36 months	19
37 months - 48 months	3
49 months - 60 months	1
	64

1.2 Children Who Terminated

Attend Schools for Hearing-Impaired in Own Community	4
Diagnostic Teaching led to Proper Placement	1

1.3 Children Who Remain in Program 59

2.0 Possible Etiology

Unknown	33
Meningitis	11
Possibly Heredity	7
Maternal Rubella	5
Multiple Birth Defects	2
Constant Middle Ear Involvement	1

3.0 Amount of Hearing Loss

Normal	2
Mild	2
Moderate	10
Severe	29
Profound	16

4.0 Referral Source

ENT	7
Pediatrician	7
Cardinal Glennon Hospital	10
Relatives	3
CID Professional Staff	3
Parents Themselves	10
CID Board Member	2
Malcolm Bliss Hospital	1
Children's Hospital	8
City Hospital	1
Audiologist Another City	1
Diagnostic Centers	1
Parents of CID Students	1
Advertisement in Volta	1
MCCS	3

5.0 Place of Residence

St. Louis City	15
St. Louis County including St. Charles	19
Outstate Missouri	16
Illinois	6
Arkansas	1
Wisconsin	1
Ireland	1

6.0 Family Information

One Parent Home	11
1 Child	24
2 Children	24
3 Children	6
4 Children	3
5 Children	1
More than 1 handicapped child	5
Handicapped parents	3
Parents of handicapped child not maintaining own household	3

7.0 Children With Multiple Handicaps

Delayed Development - Possibly MR	10
Orthopedic	9
Cerebral Palsy	1
Vision	4
Severe Respiratory	1
Heart	1
Normal Hearing - Language Delayed	2
Cleft Palate	1
Behavior	1
Severe Blood Problems	1

8.0	Hearing Aids Lent	46
9.0	Number of Audiometric Tests	73
10.0	Number of Electric Response Audiometric Tests	15
11.0	Number of Tympanograms	73
12.0	Number of Psychometric Tests	18

YEARLY REPORT ON THE NURSERY CLASSES
PARENT-INFANT PROGRAM
SEPTEMBER 1978-MAY 1979

During the 1978-1979 school year three sections of nursery classes existed as a part of the Parent-Infant Program at Central Institute for the Deaf. One of these groups met twice a week for one hour each day from September 1978 until mid-April 1979. From mid-April through May this group met twice a week for two and one half hours per session in order to enable these children to adjust to a longer day in preparation for the following school year. This group met a total of 62 times during the course of this school year. The age range of the children in this class was 2-0 to 2-6 as of September 1978. Their hearing levels ranged from moderate to profound. The second group met twice a week for one and one half hours each day from September 1978 until mid-April 1979. From mid-April through May this group met twice a week for two and one half hours per session again for these children to adjust to the longer day. This group also met a total of 62 times during the year. The age range of the children in this class was 2-7 to 2-11 as of September 1978. Their hearing level ranged from moderate to profound. The third group met three times a week through the year for one and one half hours on each of these days for a total of 75 times. The age range of these children was 3-0 to 4-4 as fo September 1978. Their hearing levels ranged from mild to profound. A total of 30 children were enrolled in these three classes from September 1978 through May 1979.

The curriculum for these classes was comprised of age appropriate gross motor, fine motor, and cognitive activities with special emphasis on speech and langauge development using the auditory-global approach. The following goals were an intergral part of this program:

1. The development of social skills.
2. The development of age appropriate gross and fine motor skills.

3. Language input about whatever activity was taking place at the time with the longitudinal goal of development of receptive and expressive language pertaining to those activities.
4. The development of the ability of each child to separate from his or her mother.
5. The development of the children's ability to establish rapport with the teacher and other people.
6. The development of the ability of the children to adjust to a routine, increase their attention span, improve their self-help skills, and adapt to change.
7. To provide a learning experience for the mothers when they are involved in the classroom as to how to handle various learning and behavioral situations.

Also included as a part of the program were a series of 10 hour and a half weekly parent meetings led by a social worker. Individual parent conferences were held in September before classes began and again in May as classes terminated. Final written reports were done for each child in May 1979. In addition as part of the program the parents rotated into the classroom one per day providing an opportunity to observe the teacher, their child and other children as well as work with the children under the teacher's supervision. Volunteers were present in the classroom at times to provide additional contacts for the children to experience. Student teachers were also involved in the classes at times as part of their training program.

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Dr. Audrey Simmons Martin
Director Parent Infant Program
Central Institute for the Deaf
818 S. Euclid
St. Louis, Missouri 63110

Dear Audrey,

I am enclosing a list of additional topics discussed in recent parent meetings. Many of the topics on the list I sent you a few weeks ago also continued to be discussed.

Although, as you know, the composition of the two morning groups was quite different, both groups were generally concerned with the same topics. The earlier group was a more articulate group. Hence, the issues were discussed in greater depth.

It was my general impression that the ten sessions for the two morning groups were very beneficial. I was pleased that every parent readily participated. I was only sorry that scheduling did not permit us to hold more than three afternoon meetings.

However, I would be very pleased to work something out with you in the spring. Several of the "morning" parents also asked about the possibility of continuing.

Once again, I am happy to have been able to make a contribution to your very worthwhile program.

As I mentioned to you at the party Tuesday, I will call you the latter part of January to exchange some ideas with you.

I hope you have a very Merry Christmas and a very Happy & Healthy New Year.

Best regards,

Helen

Helen Kornblum, ACSW

HK/ab

Enc.

Additional topics discussed in Parent Meetings--

1. The grandparents' difficulty accepting the child's hearing problem.

2. The mother's extreme sensitivity to criticism and to being judged as a parent.

3. Concern for the siblings of the hearing impaired child.

   a) Fear of "neglecting" the sibling.
   b) The need to become more comfortable with different feelings for each child in the family.

4. Father's role with deaf child.

   a) Father's difficulty expressing his feelings around the handicap.
   b) Father's reluctance to participate more actively in the child's care.

5. The importance of arranging time for the mother to be alone without the child.

   a) The realistic factors involved in providing for this time.
   b) Dealing with the mother's guilt around leaving the child.

6. Difficulty in setting limits.

   a) Difficulty in being consistent and firm.
   b) Uncertainty as to what the child really understands.

7. Bedtime.

   a) Importance of child sleeping in his own bed - not with the parents.
   b) Difficulty in consistently enforcing an appropriate bedtime--vs. allowing child to stay up until he "drops."

LISTENING IN NEWS

Parent-Infant Program
Central Institute for the Deaf
818 South Euclid
St. Louis, Missouri 63110

Spring-Summer 1979

"Did You Know?"

Did you know that we had 62 families and their children enrolled in our program since September with 33 children entered when they were less than two years of age? There were 19 children enrolled in Marilyn Goldwasser's classes. Some parents drove as far as 180 miles every week. Twenty six families live out of town.

Did you know that the Parent-Infant Program at Central Institute is a validated project listed in the "Who's Who of Projects" called Educational Programs that Work? We are a member of the National Diffusion Network which is a nationwide system that offers proven educational alternatives to meet needs of preschool children and those who educate them. This means that we are busy telling about our program in places like California, Texas and Colorado.

We have also been active in local conferences and conventions such as Missouri Speech and Hearing Association and Midwest Association for the Education of Young Children.

"A Recent Addition"

We're proud to announce the publication of our new book, Parent-Infant Intervention: Communication Disorders. Drs. Donald Calvert and Audrey Simmons-Martin are co-editors of this book which includes the addresses given at the "International Conference on Parents and Young Children - St. Louis 1978". Dr. Simmons-Martin was the Chairman of the Conference which emphasized the basic issues, current trends and major developments in the field of Early Education. Conference participants were those professionals who are involved with the habilitative practices for hearing-impaired children and children with communication disorders. Parent-Infant Intervention: Communication Disorders is a valuable addition to the literature.

Congratulations to its editors and contributors!

"Nursery News"

In April all mothers and children in the Parent-Infant nursery class went on a field trip to the St. Louis Zoo. At the zoo, there was much for us to see and do. We toured the baby animals in the Children's Zoo and had many opportunities to touch and discover how many of the animals felt, like for instance, the snake and the dove. The train ride around the zoo grounds was exciting for everyone. Our trip was a memorable one and everybody has since been eager to talk about their experiences at the St. Louis Zoo.

Meanwhile, in our classroom, there are many projects to work on. Our two resident goldfish are doing well and we like to feed them and clean their bowl. The obstacle course is a favorite activity for all the children who are learning to remember what to do at each part of the course. The kids enjoy helping each other out if they forget. Also, the children have been color matching with blocks, pegs, crayons, beads and anything else they can get their hands on.

With the approach of Spring and warm, balmy days, the children enjoy spending more time outdoors on the playground. The playground equipment provides them with a never ending source of pleasure. It is a favorite time of day for both parent and child alike.

"Parents Learn About the School at CID"

by Debbie Nixon

Mr. Dennis Gjerdingen, the Headmaster of CID, and Ms. Vicki Kozak, the Supervisor-Coordinator of the Pre-Primary Department, were the guest speakers at the Parent Meeting on Tuesday, February 20th.

Mr. Gjerdingen gave us a most interesting and informative overview of the facilities and programs available at CID. He emphasized that CID is indeed a unique institution which is comprised of an oral school for the deaf, a hearing clinic, a scientific research department, a teacher training program and the Parent-Infant Program. All of these facilities are working together to provide comprehensive programs and services for the education of the deaf.

Ms. Kozak made a presentation showing the activities of a class in the Pre-Primary Department. She showed many slides to illustrate how a child will rotate from his classroom teacher, to his teacher-aide and the playroom throughout the day. The

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child may work individually or in groups of 2 or 3 with his teacher for language and speech. He then moves on to work with his teacher-aide who reinforces new materials introduced by his teacher. The rotation is completed by free play, games or an art activity in the playroom.

Thank you Dennis and Vicki for an outstanding presentation of CID!

"College Students in Our Program"

During the 1978-1979 school year and most recently this Spring, there have been new faces in the Parent-Infant Home Demonstration Center engaged in various activities with the staff and families. Since Fall, intern Susan McCarthy and second year audiology graduate student Patricia Mainhardt have been observing parent-infant interaction while working upon individual projects. In the Spring, second year deaf education graduate students Cheryl Cohen, Ellen Estes and Robin Vinitsky spent a month in practicum. Congratulations to the graduates of the college program.

"Relocating in St. Louis"

by Helen Cunningham

You're moving to St. Louis so your child may attend CID? How many of you have heard questions like this? This story of moving is older than some of the "reruns" on television. My husband and I surveyed many of the schools for the deaf and we felt CID shone above all the rest. The next part was easy. We sold our house and turned in our resignations to our respective employers. To some people there in Wichita Falls, Texas this sounded crazy, but to us, as I'm sure other parents here will verify, this move was the only answer.

Our daughter, Erica, who loves to explore, enjoyed the new surroundings and she even enjoyed the unpacking. She seemed to enjoy pulling things out of boxes, but unfortunately did not pursue putting them away. It was definitely a challenge to pack and unpack with a two-year-old toddler so willing to help.

We are finding ourselves fortunate to be in a city like St. Louis where the arts are so much a part of the community. We are both

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violinists and music teachers and have started playing some jobs in the area. So far our jobs have included teaching, playing in two symphony concerts, a dinner theatre show with Nancy Wilson and a few "strolling" jobs at the Chase Park Plaza...(The "strolling" consists of playing violin solos by memory as you walk around the tables trying to remember all those different songs!).

Perhaps the greatest adjustments have been due to the weather. Although my husband and I were raised in Illinois and Wisconsin we did not have much exposure to snow while we were in Texas the last five years. Would you believe you could not buy a snow shovel in Wichita Falls, Texas?

Well, the Cunningham family will be looking forward to "house hunting" as a hobby this Spring. We had decided to rent this year until we could learn more about this area. To all of you St. Louisans, we would certainly entertain any ideas or advice you have to offer.

We have enjoyed this opportunity to introduce ourselves and would like to take this time to wish all of you a most productive new year.

"Fashions For Spring"

by Erma Dunn

We have two sons in the Parent-Infant Program, Doug, age 3 and Keith, 11 months. Doug wears his hearing aid harness under his shirt. Keith wears his on the outside. His hearing aid harness took away from the cuteness of his outfits and his toddler innocence. This was a little disappointing.

I solved this problem by making a pocket on a vest. The vest co-ordinates with his clothes and is more comfortable than the harness. The pocket is on the side in front. On the flap of the pocket I put 2½" buttonholes for the microphone. I put a small buttonhole in the flap to run the cord through. I ran cord in a design around the neck to guide the hearing aid cord through. I cut this pattern off a jacket pattern No. 7274 (Simplicity). Snaps on the fronts are easy for putting the vest on and off. Velco is really handy on the pocket to hold the flap in place.

I also lined the vest with a cute print. I am also hoping he can wear these in the summertime as a shirt.

Pattern for the harness is available upon request from the Teacher/Counselors in the Home Demonstration Center.

"Happy Face Treat"

by Pricilla Kurz

After the birth of my second child I found I had a problem--my first child, especially at breakfast time. I was usually busy with the baby. I knew my older child resented the time I spent with the baby and missed the special breakfasts I used to make for her.

So, I devised a breakfast which was quick, nutritious and fun. It made her feel special and didn't demand a lot from me.

As I was discussing breakfast the other day with some mothers, I realized my old concoction was perfect for teaching "eye", "nose" and "mouth." I now plan to start making it again for both my children.

Happy Face Toast

One piece of buttered toast, cut in half, with raisin eyes, nose and mouth. One banana slit lengthwise makes the hair.

"A Tisket, A Tasket, Get Out Your Picnic Basket"

Enjoy being outdoors in the Summertime? Why not pick a balmy Summer afternoon to have a picnic lunch in the park? You and your child will enjoy deciding which foods you would like to munch on. Then together you can prepare and pack your lunch in an old favorite picnic basket...a paper bag will do. Many concepts and much language development can be worked into this simple language activity. There is an abundant variety of fruits, breads, luncheon meats and beverages to choose from. Food, napkins and silverware are put in the basket and later taken out of the basket. Picnic baskets come in different styles and sizes and they have lids which open and close. There will be many things for you and your child to talk about and discover during the activity. Later when it's time to unpack and set your picnic table for lunch, there will be further opportunity to repeat

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language and expand language concepts. At another time we will talk about the games you can play and the things you can do to make the picnic fun for everyone.

So go ahead and plan a picnic. It is a delightful way to enjoy the outdoors and to help you child learn from activities and experiences in which he is directly involved.

By the way---Enjoy all those tasty goodies!

"Tips for Summer Hearing Aid Care"

With Spring here and Summer quickly approaching, your child will spend increasingly more time outside playing, exploring and having a good time enjoying the sunny weather. Here are a few tips to remember about hearing aid care which might mean the difference between a functioning or inoperative hearing aid. Remember--the best hearing aid care is preventive care.

- Remove the hearing aid when swimming or engaging in outdoor waterplay.
- Keep spare batteries and cords handy, especially when vacationing.
- Remove batteries from the hearing aid when the aid is not used.
- Avoid direct exposure of the hearing aid to extremes in temperature when the aid is not used.
- Prevent damage to the hearing aid and receiver by handling them carefully and avoid dropping or banging them against hard objects.
- Protect hearing aid microphone from excessive dust, spills, sand, etc. by placing a protective cover over the aid or placing the aid beneath the child's shirt.
- Avoid unnecessary fraying or cord breakage by disconnecting the cord from the aid by pulling the plug straight out from the socket (do not pull the cord).

From all of us at the Parent-Infant Program,

to all of you,

HAVE A NICE SUMMER!!!

CENTRAL INSTITUTE FOR THE DEAF
PARENT INVENTORY
INTRODUCTION

PRIVILEGED COMMUNICATION

CENTRAL INSTITUTE FOR THE DEAF

PARENT INVENTORY

INTRODUCTION

The Parent-Infant Program at Central Institute for the Deaf serves children under mandated school age who have communication disorders with or without a hearing impairment. The focus of the program is upon the parent because the primary purpose of the intervention is to stimulate effective parent-child interaction. The essence of that reciprocal activity is communication. When it is disordered for whatever reason the condition courts disaster for the child and his parents. It was those needs that prompted the founding of the Parent-Infant Program at Central Institute for the Deaf in 1958 which is now a U.S. Office of Education Validated early education program.

PRIVILEGED COMMUNICATION

The years of professional experience, observation and record keeping of parents and children from varied economic and cultural levels have provided the evidence that effective parenting during the child's early years determines the quality of his life. Parent behavior during this period significantly influences the child's cognitive, social and linguistic development. The most critical factor in the child's development of competence is the parent-child interaction. Factors in the interaction such as emotional

PRIVILEGED COMMUNICATION

acceptance, ease in relating to the child, encouragement of independence and sensitivity to the child are all correlated with the child's development of language skills.

While language competence is the basic goal for the communicatively handicapped child, the parental competence we seek is syncrony with their child. This is ability to stimulate effective interactions with a dyad in which one partner, the child, is severely limited. The strength of that interaction depends upon the parents' understanding of their child and his problems and sensitivity to his needs. However for a child with a language handicap due to a hearing impairment, or any other reason, the interaction process may be severely impeded. Because the child does not respond to verbalizations or meet the parents' expectations, the bonding between the infant and his parents is disrupted. Over time lacking intervention, this disruption can be compounded. The purpose then of the Parent-Infant Program is to help parents acquire skills to strengthen the parent-child interaction in order to nurture learning, and especially language learning.

Our heuristic base has lead to an increasing number of program replications. The inevitable concern of interveners is the problem of evaluating the extent of benefit derived from the intervention. Frequently those programs have continued to evaluate on the single dimension of child growth--social, motor, cognitive and recently language. This unilateral view has been due to the paucity of measures available for use in evaluating parent behavior.

The construction of the Parent Inventory was therefore prompted by the need for a measure to identify and assess those parent behaviors generally observed in the repertoire of parents who were most successful in fostering language. Expectations, attitudes, feelings, perceptions, or intents for interaction are internal behaviors. These covert behaviors as identified facilitate the parent-child interaction. Our accumulative experiences at Central Institute combined with research findings in the field of child development emphasize the concepts underlying the behavioral items in the Inventory. This tool which we propose for measuring performance will yield a profile of strengths and weaknesses which, in turn, lead to appropriate goal setting.

CENTRAL INSTITUTE FOR THE DEAF

PARENT-INFANT PROGRAM

PARENT INVENTORY MANUAL

PARENT INVENTORY

The Parent Inventory should provide interveners with a means for assessing parental behavior. It should yield a Parent Profile that will be useful in assessing strengths and weaknesses of parental skills and in measuring parental growth. This should enable the intervener to plan appropriate goals and assist the parent develop effective strategies.

The scales are divided into 4 sections:

- 1.0 General Parent-Child Behavior
- 2.0 Speech Perception - Auditory
- 3.0 Speech Perception - Visual
- 4.0 Language Behavior

Each of those sections is composed of two or more separate scales:

- 1.0 General Parent-Child Behavior
  - 1.1 Dyadic Compatibility
  - 1.2 Patterns of Communication
  - 1.3 Dyadic Opportunities
  - 1.4 Behavioral Competence

- 2.0 Speech Perception - Auditory
  - 2.1 Hearing Aid Usage
  - 2.2 Structuring the Situation
  - 2.3 Awareness of Sound

- 2.4 Awareness of Speech - Auditory
- 2.5 Speech Recognition

3.0 Speech Perception - Visual

- 3.1 Environmental Management
- 3.2 Parent's Speech Patterns
- 3.3 Speech Recognition - Visual

4.0 Language Behavior

- 4.1 The Function of Language
- 4.2 Language Content
- 4.3 Linguistic Form
- 4.4 Fostering Language Behavior

Included within each Scale are 5 items designed to sample behavior relative to the Scale. In order to clarify the intent of each section, Scale and item, a rationale is given. For each item a behavioral description is provided. When logical, a hierarchical progression of behavioral items occurs.

Because, by nature, the Inventory is designed to measure observable behavior it is unrealistic to expect all of the listed behaviors to emerge during the course of a single parent-child session. Items represented in the Inventory are not exhaustive but rather each behavior contributes something toward the kind of parent-child relationship which enhances the optimal development of the child. Indeed, it would prove too unwieldly to describe here detailed behaviors that would provide for all contingencies the dyad might encounter. It is not expected that any parent show all the behaviors in each section, no matter how competent he or she is. Parents differ in style and ability. Therefore, it is expected that the resulting profiles will be highly individualistic.

Scoring

The Parent Inventory is designed to be completed by the person involved in guiding the parent-child interaction. Data is gathered by observation of the dyad and recorded at the conclusion of the session, a forty-five to sixty minute interaction. During the session, the evaluator may need to contrive situations so that a given behavior can be observed. The Inventory, however, is a behavioral scale and scores are not based upon mere opinion or observational judgement.

PRIVILEGED COMMUNICATION

The evaluator is expected to be thoroughly familiar with the central theme of each item so he may easily decide whether or not the particular behavior is a part of the parent's behavior. As many as three sessions may be needed for the evaluator to complete the inventory. Video taped sequences might also be used effectively for this purpose. However, it is recommended that after the inventory is completed the first time it not be used again as a measure for a minimum of six months.

PRIVILEGED COMMUNICATION

Upon completion of the inventory a profile of each parent should be drawn and deposited with the other pertinent information. That profile, however, should enable the intervener to promptly summarize the parent's behavior and thereupon set up appropriate goals.

Rating System

The criteria for rating the behavioral items within each section is as follows:

Yes: The item is scored Yes when the parental behavior is habitually or consistently observed without need of persistent urging, or, with only occasional prompting. Habitual behaviors formerly present but no longer observed are scored Yes provided the evaluator is convinced that the specific parental behavior could be easily re-established if desired. The item is awarded 1 point.

No: The item is scored No when the parental behavior is expected to occur but is not present despite opportunity to observe it. The item is awarded 1 point.

Emerging: The item is scored Emerging when the parental behavior is in process of development or is in a transitional state; that is, the behavior is occasionally but not ordinarily observed. The item is awarded ½ point.

N/A: The item is scored Not Applicable when the parent is not expected to show this behavior. The item is awarded 0 points.

All items are described in terms of positive or desirable parent behavior and should be soored Yes provided that the criteria for rating the behavior is satisfied.

In the Inventory we have arbitrarily referred to the parent with the pronoun "she" or "her." In order to be unbiased, we have referred to the child as "he" or "him."

DISCUSSION

PARENT INVENTORY MANUAL

1.0 GENERAL PARENT-CHILD BEHAVIOR

Early interactions between parent and child are considered to be antecedents of social as well as cognitive and linguistic development. A young sensory handicapped child, however, can have reduced exposure to interaction. Therefore, it is essential that primary consideration be given to the provision of interactions which foster development.

We are not concerned with processes underlying the formation of the parent-child relations here, but rather we hope to rate the manifestations that occur. By necessity they must be ones which can be observed or discussed. In fact, the situations may at times have to be contrived in order to observe the important interactions. This Inventory, therefore, is concerned only with observable behavior.

We recognize the problem of describing the sequential flow of interactive behavior and identifying the particular patterns of family interaction which appear to be most beneficial. Nevertheless, we are proposing the ways we perceive this flow taking place and the patterns occurring. Since we are concerned with inter-individual sequences we, therefore, offer purely descriptive checks of interactive structures. These are based on the premises which we hold (1) that patterns of communication manifest themselves in pre-linguistic stages; (2) that the compatibility between the infant and the adult with respect to communication and its topics can be fostered; (3) that natural reciprocity of parent and child behavior provides each member of the dyad with frequent opportunities to feel effective; and (4) that behavioral competence can be enhanced by appropriate experiences.

The handicapping condition of the child may hinder the face-to-face relationship and thus the task for the parent is to acquire compensatory adjustments to enable them to overcome the disadvantages. Nevertheless, parent-child interaction styles must be considered as a result, as well as a cause, of children's learning. That is, a parent's perception of her child's ability and thereby her style of interaction with the child will be influenced by the child's perceived and/or real competencies and attitudes. These variables are important in planning for intervention and therefore we have selected them for measurement. While it is as inappropriate to make the parent the prime target of evaluation as it is to evaluate only the child's development we perceive the appropriate focus is the mother-child interaction process. Only to the degree that behaviors influence that reciprocity should they be rated and that is the thrust of this Inventory.

1.1 DYADIC COMPATIBILITY

The compatibility within the dyad is evidenced by turn-taking which can be thought of as a kind of prelinguistic dialog. Within this dialog parents engage infants in social interchanges which develop progressively greater communication significance over time. These form the interactive contexts within which linguistic relations presumably are learned. Thus this early turn-taking behavior is critical because it is not simply characteristic of language, it is a necessity for its acquisition. It paves the way for imitative sequences which by definition must involve production of activity by both dyadic participants. Therefore, these behaviors are sampled below.

1.1.1 Parent watches the child.

Parent visually monitors child's activities in order to synchronize her interactive initiations with child.

If the child is playing, parent watches so that she can "feed-in" the correct language. She may do this while she is engaged in conversation with others but her attention appears to be attuned to the child.

1.1.2 Parent responds to child's behavior with positive language.

Dyadic compatibility is enhanced as the parent is increasingly successful in labeling as well as interpreting the child's behavior.

If the child correctly manipulates a toy, parent may say, "Oh. you put the ring on. Good for you." or if child is playing with a doll, parent recognizes child's tugging on socks as attempt to remove - "Are you going to take the baby's socks off?"

1.1.3 Parent insures that child is co-participating.

Communication involves a mutual exchange in an interactional process.

It may be that the child does something and looks at the parent. She then must say something appropriate to the child's action. Or he may vocalize and the parent provides the appropriate language. Parent may pause after her own communication to give the child a chance to respond or she may provide the words for the child's vocalization.

1.1.4 Parent reads child's signals regarding turn-passing.

The use of turn-passing utterances insure that the speakers stay in contact and maintain their partnership.

The parent responds to the child's behavioral or verbal attempts whether they appear to be efforts to get the parent's attention or not.

1.1.5 Parent uses phonlogic devices of stress and intonation to signal turn-passing.

Imperatives and questions are the most common syntactic devices for requesting action. The commentary forms (declarative) occur mostly in the "speaking-for-the child" act.

Parent utterances direct the child's attention through intonation: 1) Questions to get responses. "What is that?" "Where did it go?" 2) Stress to point out or direct attention as in "Here's your ball." 3) Exclamation to show pleasure or issue a warning. "Oh! You're a big boy." or, "Watch out! The stove is hot!"

1.2 PATTERNS OF COMMUNICATION

Dyadic interaction includes adult behavior which allows for the assimilation of the inanimate environment into the parent-child dyad. That is, the parent needs to be aware of the child's interest in objects in the environment and utilize that interest as a focus of the interaction. Conversely the parent must have strategies for calling the child's attention to objects on which the parent wishes to focus. This mutuality of interest in external objects provides the context within which the dyad functions.

1.2.1 Parent follows child's gaze. Parent recognizes the child's gaze as a critical indicator of child's interest.

Parent labels objects or people within environment when child looks at them. Parent may procure out-of-reach object for child's investigation in response to his gaze.

1.2.2 Parent makes eye-to-eye contact. This is a powerful factor in telling the child that he was being addressed.

Parent makes eye contact with child when speaking and may pause in response to child's gaze conversion.

1.2.3 Parent offers object. Offering an object draws child's attention to it.

Parent hands child object, or places it within child's reach, and simultaneously talks about object, child's response to it, child's actions with it. "Here's a ball." "You want the ball?" "Yes, roll the ball."

1.2.4 Parent points to object. This draws child's attention to object and helps him interpret what object is being spoken about.

Parent may say, while pointing, "Look at ________." or "Get the __________."

1.2.5	Parent talks about objects.	This provides the child an opportunity to associate the label with the object as well as the inclusion of related language.

Parent talks about concrete objects currently being manipulated by child such as toys child is playing with, food he is eating, parts of his body parent is washing.

1.3 DYADIC OPPORTUNITIES

There is an affective domain which must be dealt with in a way to facilitate the parent's role as parent-teachers of language behavior. ✓ It is important that the child moves from visual control, to physical control, to linguistic control of his environment and this may be the same route a parent takes in dealing with the affective feelings. Coping with these feelings leads to effectiveness for each member of the dyad.

1.3.1 Parent smiles at child.

Smiling is a strong component of affective behavior. It conveys warmth, pleasure, etc.

Parent smiles at child when talking or on occasions when eye contact is made and parent does not speak.

1.3.2 Parent handles child with confidence.

Non-verbal forms of communication which aid in development of trust. ✓

With a young infant, parent holds child close and appears relaxed. As the child grows, parent appears confident in her ability to set expectations and limits.

1.3.3 Parent reinforces positive behavior.

Positive rather than negative behavior should be reinforced.

Parent uses "ego supportive" phrases and expressions, i.e., "That's a good boy." Parent comments on child's developmental gains. "You put your shoe on." or, "That's right, your arm goes in the sleeve."

1.3.4 Parent follows child's lead in play.

Parent "reads" child's behavior and is able to modify or alter actions in order to be harmonious with those expressed by child.

Parent allows child to initiate or change play, to satisfy curiosity. Parent may want a child to stack rings, but allows child to investigate first by putting ring in mouth or change game by rolling rings.

1.3.5	Parent observes child's mood and responds accordingly.	Parent is sensitive to and can differentiate among the child's moods by providing contingency experiences which facilitate development.

Parent recognizes when child is tired, anxious or irritable and adjusts his expectations accordingly.

1.4 BEHAVIORAL COMPETENCE

Successful development of children requires that parents know and understand growth and development and be able to apply this knowledge. This means the parent initiates some of the child's activities, encourages more activities than she discourages and is successful in controlling the child more often than not.

1.4.1 Parent observes child.

Parent tunes in to what child is doing and what interests him.

Parent spends at least some time in just watching the child and figuring out what the child is doing and why. The parent may comment on the child's actions to a third party.

1.4.2 Parent modulates child's behavior.

Parent needs to assume role as authority figure thus providing child with secure framework within which to develop.

Parent establishes limits and expects the child to conform. Parent is consistent and follows through.

1.4.3 Parent participates in verbal activity with child such as reading, songs, or games.

Parent helps the child learn that language can be used outside of his ego-centered needs.

Parent plays verbal games such as pat-a-cake, sings songs or nursery rhymes such as, Mickey-Mouse or Jack and Jill, and reads stories. Story "reading" is simple rendition of the story in parent's own words adapted to child's language level.

1.4.4 Parent encourages play and participation appropriate to child's age level.

Parent is aware of motor capacity and interest level in accordance with the child's age as well as the importance of play in the child's development.

Parent refrains from doing for child what child is capable of doing for himself, i.e., in dressing, eating, playing. Parent encourages child to join in simple household activities such as dusting, folding clothes, stirring food, etc. Parent provides variety of play activities and materials.

1.4.5	Parent assists the child in accomplishing activities.	Parental assistance may prevent frustration and aid in development of self-confidence.

Parent demonstrates ways to accomplish goals in play or other activity.

2.0 SPEECH PERCEPTION - AUDITORY

Parent behavior relative to audition implies that there is a crucial role assumed by all parents in the development of their child's acquisition of listening skills. Auditory or listening skills are prerequisite to the development of language in the hearing infant. Auditory perception develops with an awareness of sound and progresses through the stages of alerting, discrimination, recognition and comprehension of sound. Hearing-impaired children also can learn to develop these skills and to achieve maximum use of their amplified hearing. However, the sequence may vary and he may move from alerting to recognition to comprehension.

Parents should be rated on the appropriateness of their activities relative to the time the child has worn a hearing aid, the amount of hearing the child has, and the chronological age of the child. The greater the loss and the older the child, the more the situation will need to be structured. Judgement should be on the parent's ability to structure and/or utilize situations to stimulate the child's auditory modality. This Inventory provides a scale to ascertain the parent's ability to apply principles of audition.

2.1 HEARING AID USAGE

The manner in which the child uses his hearing aid has a direct bearing on the benefit derived from amplification. Unless the hearing aid is on the child and is conscientiously monitored by the parent, efforts to capture, train and utilize the child's residual hearing can be futile. Therefore, some behavior relative to the aid itself must be sampled.

2.1.1	Parent understands importance of wearing hearing aid.	Child must hear amplified speech at all times in order to generalize meaning.

Child is wearing aid when he arrives.

2.1.2	Parent maintains hearing aid in good working order.	Characteristics of the amplified sound must be consistent and appropriate.

Hearing aid is working.

2.1.3	Parent's responses to questions about hearing aid function are prompt.	Parent who is regularly monitoring hearing aid is able to answer questions promptly.

Parent is familiar with the number and life of batteries, the cord, the microphone, etc.

2.1.4	Parent's responses to questions about the aid are appropriate.	Parent who understands working of hearing aid is able to answer questions appropriately.

Parent's answers to questions are correct, for example, battery life of 10 days is appropriate.

2.1.5	Parent can describe problem when aid is malfunctioning.	Indicates that parent knows about the function and operation of aid.

By interview, parent can indicate problems such as: the aid is squealing, sound is intermittent, or the volume control is sticking.

2.2 STRUCTURING THE SITUATION

It is necessary for the parent to set the stage and create optimal conditions for auditory interaction by utilizing environmental factors effectively. The parent must be capable of structuring the listening task and the listening environment if the child is to attain maximal use of his amplified residual hearing. Therefore, these items may need to be structured differently depending upon the child's chronological and amplification age and hearing loss. Nevertheless, this section should measure the parent's ability to structure the situation in order to foster child's audition.

2.2.1	Parent provides child with the best listening environment.	Parent recognizes the importance of the child's listening environment and demonstrates this by modifying or structuring the situation to provide optimal conditions for speech reception.

Parent closes door to room, turns off TV or radio, shuts off mixer, turns off water, etc. to reduce ambient noise level.

2.2.2	Parent is close to child when talking to him.	Sound falls off rapidly as distance from source increases. (Inverse ratio principle)

Parent is close enough to the child to enable her voice to be picked up by the microphone of the child's aid. Actual distance governed by hearing loss.

2.2.3	Parent seizes the opportunity to speak when she has the child's attention.	It indicates that parent realizes that the child must concentrate to be aware of auditory stimuli.

Parent provides relevant comment when child glances up in course of play or supplies appropriate language when child seeks assistance.

2.2.4	Parent increases distance from child when calling him.	Shows opportunities are provided for development of distance hearing, attending and searching behavior.

For example, when child readily responds at 3 feet, parent begins calling child from 5-6 feet.

2.2.5	Parent hums, sings, talks to or plays games with the child.	Builds link between auditory impression and affective input.

Parent hums or sings songs such as Ten Little Indians, plays verbal games such as Eensy Weensy Spider or just talks to child during quiet happy moments.

2.3 AWARENESS OF SOUND

Attending to sound is an early stage of auditory awareness. Auditory signals may be either linguistic of nonlinguistic. The latter may be easier for the child to demonstrate a response because the objects are concrete, however, the auditory awareness should not be limited to non-linguistic experience.

2.3.1	Parent points out various environmental sounds.	Parent is developing awareness of environmental sounds.

Parent calls child's attention to the dog barking, telephone ringing, running noises or vacuum cleaner.

2.3.2	Parent identifies sound to which child indicated any awareness.	Parent is associating meaning with noise which is essential for auditory discrimination.

Parent labels and shows the child the source of noise when he indicates he has heard the noise by startling, turning, searching, etc.

2.3.3	Parent immediately reinforces child's response to sound.	Parent enhances child's desire to listen through immediate reinforcement of his response to sound.

When child demonstrates response to sound, mother shows him that she is pleased.

2.3.4	Parent repeats noise that was pleasant to child.	Repetition of the auditory experience is reinforcing.

Parent repeats action such as dropping metal bowl, placing lid on pan, metal spoon hitting bowl, or mixer running.

2.3.5	Parent plays with child using noisemaking toy(s).	Parent recognizes need of child to have pleasurable experiences with sound.

Parent plays with child with, drum, xylophone, and other pull toys, jack-in-the-box.

2.4 AWARENESS OF SPEECH

The auditory signal of greatest importance is the human voice. Therefore, the primary job of the parent of the hearing-impaired child is to assist the child in attending and responding to speech. Parents communicate with children in a manner which reflects their belief that their child is capable of reciprocal communication. This attitude is the basis of the turn-taking model. From this model, the foundation for reciprocity is created and the context for learning is provided.

2.4.1 Parent relies on voice as primary attention-getter.

Parent uses voice rather than non-voice auditory or other sensory stimuli.

Parent calls child by name and uses other attention-getting words, such as, "Look." "See the ________." etc.

2.4.2 Parent uses child's name in positive vocal tone.

Parent is aware of importance of child linking his name with pleasant sounds.

Parent uses pleasant tone when calling child and uses child's name pleasantly in other connections, such as, "Thank you, (name) .", "Here's your coat, (name) ." or "Let's take Daddy a cookie, (name) ."

2.4.3 Parent calls attention to the speaker.

Parent needs to assist child in awareness that someone is talking and who that someone is.

Parent makes child aware of other voices pointing out when daddy, brother, teacher, etc., are speaking.

2.4.4 Parent engages in vocal play with child.

Parent is connecting voice with tones of pleasurable interaction.

Parent playfully repeats child's babbling or other spontaneous vocal sounds.

2.4.5	Parent expects child to respond to his name.	Parental expectations influence parent behavior.

Parent consistently uses the child's name as a means of getting the child's attention.

2.5 AUDITORY RECOGNITION

Recognition does not automatically involve comprehension but it does serve as a preliminary step. It proceeds from the general to the specific. The auditory task is adapted to the age and ability, for example, by controlling the number of alternatives. This section measures the parent's ability to structure activities for auditory recognition and adapt them to her child.

2.5.1 Parent expects child to respond to intonation patterns before he understands other aspects of language.

Intonation is the first vocal output to which children universally respond.

Parent would wait for child to coo, smile or otherwise indicate he recognized her playful input.

2.5.2 Parent asks for object within a closed set.

Situational cues should assist in recognition.

Parent asks child for one of two items child has in front of him. Number of items is increased to accomodate child's developmental level.

2.5.3 Parent can list word or phrases child can recognize.

Indicates parent's awareness of child's level of auditory recognition.

Parent is able to state words such as, "shoe", "bye-bye", "Daddy", and phrases such as "Turn the light on/off.", that child recognizes.

2.5.4 Parent expects child to identify words, phrases or sentences within a closed set.

Without parent expectations child will not develop this competence.

Parent gives opportunity for child to differentiate syntactic intonation patterns. She can wait for a response, rephrase or respond to child's efforts.

2.5.5	Parent expects child to comprehend freely words, phrases or sentences.	Parent's expectations must keep pace with child's capabilities.

Parent asks child for something and/or about something, or gives information such as, "Get a spoon." "Where is your coat?" "Find the Teddy Bear." or "It's time to go home."

3.0 SPEECH PERCEPTION - VISUAL

The greater the child's hearing loss, the more he will need to rely on his vision for perception of speech. The child with a moderate to severe loss needs to lipread in order to receive place-of-articulation speech information while receiving complementary voicing, manner-of-articulation, and vowel-format information through their distorted but useful low-frequency hearing. As a result of obtaining through one sensory system that which is not available through the other, speech comprehension combining auditory-visual perception is improved.

The profoundly-deaf child can receive place-of-articulation speech information through lipreading while his amplification may provide only supplementary pattern information in the form of time and intensity cues. Hence to the hearing-impaired child, lipreading is a major contributing factor in his habilitation. This behavior then needs to be developed in the turn-taking act. To the parent falls the responsibility of obtaining the attention and developing effective strategies for maintaining it. These behaviors of the parent need to be assessed.

3.1 ENVIRONMENTAL MANAGEMENT

Development of lipreading ability requires knowledge of environmental factors which can enhance or detract from the development of the skill. Specifically the skill requires active attention to the speaker's face, particularly the movements of the oral cavity. Effective utilization of environmental cues can supplement the linguistic message and assist in the clarification of the intended communication. This section of the Inventory samples the parent's ability to provide optimal conditions for the development of lipreading skills.

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3.1.1	Parent sees that there is sufficient light for good lipreading conditions.	Parent needs to know about light in relation to optimal conditions for lipreading.

Parent turns on light, adjusts drapery or windowshade to provide adequate room illumination.

3.1.2	Parent places self in suitable position in relation to light source.	Light needs to be on parent's face so that child does not look into light.

Parent faces light source which is behind the child.

3.1.3	Parent gets to the child's eye level.	Proximity to visual source necessary for visual perception.

Parent kneels, squats, or sits on the floor, or puts child in high chair when she is seated at table, holds child facing her on lap or otherwise adapts to child's eye level.

3.1.4	Parent presents full view of her face to child.	Children need to be able to see place-of-articulation.

Not only is the parent at the child's eye level but she faces the child. Importantly she moves as the child moves in order to accomplish this.

3.1.5	Parent minimizes the distractions.	Optical competition can deter attention and lipreading ability.

Parent refrains from engaging in distracting gestures and actions when speaking.

3.2 PARENT'S SPEECH PATTERNS

Since the parent is setting the pattern for speech production, her speech model needs to be evaluated. Therefore, this section concerns the speech directed to the child.

3.2.1 Parent speaks clearly.

Clarity is of vital importance in lipreading. It has been demonstrated that deaf children can learn place-of-articulation from looking at the speaker's mouth.

Parent does not exaggerate nor does she slur. Rather she articulates clearly.

3.2.2 Parent's overall rate of speech to the child is slow.

This has been demonstrated to be typical of speech to all young children.

Pauses between meaning units are longer and words per minute are fewer than in adult-to-adult or in adult-to-older child speech.

3.2.3 Parent stresses content words with some getting more emphasis than others.

The semantic component is being developed and stress matches child's thought.

Parent may in appropriate setting ask, "Are you *hungry*?" "Let's go *bye-bye*!" "The *Teddy Bear* is on the *big* chair."

3.2.4 Parent uses prosodic features prominently.

The evidence is that prosodic features are instrumental in early language acquisition.

Emotional and attitudinal aspects are marked by features of pitch, stress, duration, and intensity.

3.2.5	Parent uses prosodic patterns to mark sentences.	The prosodic features of speech are the primary means by which a speaker organizes units above the level of phonological segments into groups.

Intonation terminals mark questions and statements.

3.3 SPEECH RECOGNITION - VISUAL

While some hearing-impaired children may learn to comprehend speech through audition, many need to supplement that hearing with lipreading. For others, vision is the primary modality for speech reception. For all children the combined auditory-visual perception greatly improves their comprehension. Therefore, we need to ascertain that the parent attends to speech input. This section checks the parent's ability to assist in development of lipreading ability.

3.3.1 Parent talks to the child.

Period of exposure to language requires that the child has speech directed to him.

Parent directs talk to child, "Here's your Teddy Bear." "Poor Teddy Bear." "Don't throw your Teddy Bear on the floor." She may talk about several objects, "Here's your cereal." "I'll cut the bread." "There is the toast."

3.3.2 Parent talks to child when she has his attention.

Period of awareness necessary in order for child to attach meaning to the spoken form.

Parent may wait to talk to child until she has his attention. She may stop her activity with him until he looks to see what happened or she may get his attention through calling his name or otherwise alerting him. Then she may ask meaningful questions such as, "Do you want toast?" "Where is your Teddy Bear?"

3.3.3 Parent directs discrete speech units to child.

Comprehension of movement of mouth as means of delivering speech is necessary.

Parent may position an object beside her face when naming it, e.g., Parent may hold a ball near her mouth and say, "I have a ball." Or parent may be dressing him and say, "Get your shoes." and go to them and repeat "shoes."

3.3.4 Parent speaks in situations which aid the comprehension and waits for a response.

Comprehension of meaning is necessary before language is meaningful.

Parent may ask question, "Do you want cereal?" and accept the "yes" or "no" response. She may rise from her chair, prepare to leave and ask child to get his boots. Later she would ask for his "coat" and then his "cap."

3.3.5 Parent expects child to respond without situational clues.

Lipreading is comprehension of thoughts of the speaker.

Parent expects child to differentiate such expressions as "Throw ______ a kiss." "Give _____ the ball." "Use the big spoon." "Get the wooden spoon." "Put Teddy Bear in the crib." "Get the rolling pin and roll out the cookies."

4.0 LANGUAGE BEHAVIOR

All children learn language gradually. They acquire the "bits and pieces" as it were, over time as a result of exposure to linguistic data in meaningful situations. Somehow children relate the data to significant objects and events around them. They understand the meaning and thus attach significance to the linguistic form. They observe and learn, and eventually they begin to produce utterances. Their utterances, in general, conform to the linguistic system and furthermore are also appropriate to the situation at the time of the utterance. It is not that children know the language form but rather that they use the linguistic system in a meaningful way.

This language behavior is heavily influenced by external forces. It appears to be the result of a fine process of interaction between child and caregiver which begins at birth. The first language teacher, who is the parent, purposely or not, presents the linguistic data to the child. She provides carefully circumscribed kinds of data and presents them selectively in correspondence with his language growth. The most striking characteristic of parental speech is its relevance to the child, his needs, and his environment. The child understands the meaning behind the early utterances. Parents need to recognize their role as providers, expanders, and ideators of utterances while interacting with their child. They serve as reinforcers of the linguistic behavior of their child only in terms of responding and thereby stimulating vocal and verbal productivity and shaping his responses. We believe these goals are best attained through procedures designed to enhance the functioning of parents as parents and not as substitute teachers. Rather, the task for the parent is being sensitive to the child's experiential background as it provides stimuli for language acquisition and reinforcing the vocal and verbal productions accordingly.

PRIVILEGED COMMUNICATION

We see the task as similar for parents of language-handicapped children. The areas of concentration are meaningfulness and shaping of language abilities. Therefore, this Inventory is directed to the parent's skill in this domain.

4.1 CHILD LEARNS THE FUNCTION OF LANGUAGE

The child's first step in speech production is not language learning per se. Rather he learns to communicate in order to control and manipulate actual things and people in his environment to satisfy his own needs. In order to bring this about, he will seize upon any device, linguistic or otherwise, that enhances his ability to do this. He learns, therefore, the function of communication before he learns the language itself. He acquires language as a means of regulating activity and getting attention.

It is the role of parents to help the child discover that people in their immediate environment are responsive to their indication of needs. It is also the parent's role to help the child consciously learn to make his needs known. Therefore, in this Inventory, parents are to be rated on their ability to facilitate this process.

4.1.1 Parent interprets child's vocalization as signals for action.

The function of vocalization is an important prelinguistic learning.

Parent alerts to child's vocalizations ranging from cry, coo, whine, and jargon to words. Parent may imitate the particular vocalization but the child must see that there was response to his vocal efforts.

4.1.2 Parent recognizes different vocalizations as indicators of differing needs and responds accordingly.

Communication has different meanings and child needs to know that his vocalization can convey specific meanings.

Parent stops what she is doing and makes a point of demonstrating that she knows what he wants.

4.1.3 Parent takes child's primitive vocal effort, interprets it and encodes it.

Utilization of child's vocalizations is an effective reinforcer while providing linguistic feedback to the child at the same time showing vocal efforts can function.

Parent should put form to child's utterances. "Oh, you want a cookie?" "There's your ball." "I'll help you."

4.1.4	Parent gives the child the linguistic form for what she believes to be his intent and waits for him to imitate it.	The meaning is clear to the child and by getting the linguistic form immediately and "processing" it helps him learn appropriate language behavior.

Child initiates vocal effort and parent interprets it with language units. If child says "oos" parent should respond, "Do you want some juice?" When child indicates that is right, the parent then models, "I want some juice."

4.1.5	Parent asks questions and expects some kind of response.	This enables the child to learn reciprocal communication which influences the pragmatic aspect of language.

The questions may be of the "yes - no" variety - "Do you want a cookie?" "Do you want to see Grandma?" They may be tag questions tied to the end of a question. "The cookie is good, isn't it?" "The Teddy Bear is soft, isn't he?"

The questions may give the child options. "Do you want the blue ball or the green one?" "Do you want juice or milk?" or, the questions may be for identification, "Where is _______?" "Can you find ______?"

4.2 LANGUAGE CONTENT

Input is adapted and progressively modulated to the child's development capacities. While the environment may change, the linguistic system remains constant. The ability of the adult to tailor the content of the interaction needs to be sampled.

4.2.1	Parent uses language for the activity.	The linguistic code in which the meaning is clear is the material for early language.

Parent identifies action child will do, is doing, or has just done. "Brush your hair." "We are rolling the dough." "You scrubbed your knee." "You fell down."

4.2.2	Parent appears alert to child's perceptions.	The language forms for most perceptually salient characteristics of objects or actions are learned earliest.

Parent provides appropriate language to match the child's thought. When he is looking at a dog parent may say, "Look at the doggie." or even "It's a dog." When he shows his pants, the parent may exclaim, "Your pants are wet." "Let's change your pants."

4.2.3	Activities are at child's interest level.	Enables linguistic concepts to be at child's interest level.

Parent adapts and changes language and/or activity to provide meaningful language input about things that interest the child, e.g., When peeling or talking about oranges, if the child reaches for the juicer the parent shifts to language for and about the juicer.

4.2.4	Parent provides language for the child's idea.	The development of language is a matter of learning to depend on the meaning actually conventionalized in the speech signal rather than the speech signal alone.

If parent is playing with the child with a ball and child gets up or points to another room, parent follows to see where he leads her and then talks about that activity. If he goes to the kitchen she uses questions about food she thinks he wants. If to the toy box, that becomes the topic.

4.2.5	Parental utterances deal with child's interest in here and now.	Child needs to master the necessary concepts before he can look for ways to express them.

Parent needs to identify different objects and their properties which child is perceiving through any or all of his sense modalities, i.e., smell, taste, and manipulate.

4.3 LINGUISTIC FORM

Language addressed to young language learning children has been shown to be significantly different from ongoing language directed to adults. The number of dimensions the successful caregiver uses are many. These parameters of parent-child interaction are equally important for the hearing-impaired child. Therefore, those behaviors should be evaluated.

4.3.1	Parent's utterances to child are short.	Evidence indicates that parents use sentences which are considerably shorter than in adult-to-adult speech.

Parent's sentences should range between 3 to 5 morphemes.

4.3.2	Parent uses syntactically simple utterances.	Semantics has priority over syntax in language acquisition but parents use appropriate markers for the vocabulary. Those markers imbed the semantics in questions, imperatives, declaratives and deixis.

Parents use yes-no questions about 1/3 of the time, another 1/3 simple declaratives and a smaller percent of deixis and imperatives.

4.3.3	Parent shortens utterances as child provides feedback.	Parent language is not a syntax-teaching model but rather that required to communicate with a cognitively and linguistically naive child in the here and now.

When child begins to use words, parent provides appropriate vocabulary as single names and/or phrases. e.g., "Put the block in the box--the block---yes, the block."

4.3.4 Parent's utterances are repetitious.

Parent repetition can sustain interest, present information in small doses for benefit of immature cognitive apparatus. The repetition of words has been found to correlate with child's language learning.

Parent may repeat when the child fails to attend: "Where's the ball?, the ball, the ball. Where's the ball?"

Parent may repeat when child is pointing to something. "Book, book. That's a book, a book."

Parent may repeat when child is attending and child seems to comprehend. "Get the ball? That's right, that's the ball. Give me the ball. Let's roll the ball. Roll the ball."

4.3.5 Parent's language is redundant.

Repetition of the experience and language helps child generalize the linguistic meaning. The home environment is such that language is forced to be redundant.

Parent repeats experiences and uses the language structure for other experience.

Parent may use same verb in several experiences as: "Wash the dishes." "Wash the doll." "Wash your hands." or "Wash the table."

4.4 FOSTERING LANGUAGE BEHAVIOR

Verbal interaction behavior during the child's early life is significantly linked to mature linguistic competencies. Parents need to provide relevant, responsive and interesting input. Children learn to talk by conversing with adults. The quality of the conversation which is carried on appears to be the crucial variable affecting language acquisition. Quality, that is, in the sense of parents matching the child's cognitive organization.

4.4.1 Parent converses with child.

Overall quantity of verbal stimulation is not important but the quantity of parent-to-child input is. Speech must be addressed to him.

Parent's vocalization gains and keeps the child's attention marked by eye contact.

4.4.2 Parent is governed by child's feedback in providing language.

A parent who attempts to address a child in language that is either too complex or on a topic that is inappropriate may be ignored.

Parent keeps topic and language at child's interest and attention level.

4.4.3 Parent expands own and child's language.

Expansions seem designed to teach children about the structure of language since they provide information about the correct realization of a specific structure at the time the child most needs to know about it.

Parent may say, after child moves to it, "Ball, ball. That's a ball." expanding own language. Parent may take child's utterance and expand it. Child says "aw". Parent responds "Do you want the ball?" or "Your ball rolled away." or whatever is appropriate.

4.4.4	Parent uses pictures of people, objects and activities to initiate conversation.	Parent moves from the here and now to representation of the not present but known people, things, and events.
	Parent uses scrapbooks which she has made with the child at the time event took place.	
4.4.5	Parent expects child to know a given number of words and phrases.	Parent realizes that child needs labels. He must learn that words convey specific information.
	Parent can demonstrate that child knows words and phrases both in given situations and spontaneously out of context.	

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.0 GENERAL PARENT-CHILD BEHAVIOR

		YES	EMERGING	NO	N/A	NOTO
1.1	**Dyadic Compatibility**					
1.1.1	Parent watches the child.					
1.1.2	Parent responds to child's behavior with positive language.					
1.1.3	Parent insures that child is co-participating.					
1.1.4	Parent reads child's signals regarding turn-passing.					
1.1.5	Parent uses phonologic devices of stress and intonation to signal turn-passing.					
1.2	**Patterns of Communication**					
1.2.1	Parent follows child's gaze.					
1.2.2	Parent makes eye-to-eye contact.					
1.2.3	Parent offers object.					
1.2.4	Parent points to object.					
1.2.5	Parent talks about objects.					

		YES	EMERGING	NO	N/A	NOTO
1.3	Dyadic Opportunities					
1.3.1	Parent smiles at child.					
1.3.2	Parent handles child with confidence.					
1.3.3	Parent reinforces positive behavior.					
1.3.4	Parent follows child's lead in play.					
1.3.5	Parent observes child's mood and responds accordingly.					
1.4	Behavioral Competence					
1.4.1	Parent observes child.					
1.4.2	Parent modulates child's behavior.					
1.4.3	Parent participates in verbal activity with child such as, reading, songs, or games.					
1.4.4	Parent encourages play and participation appropriate to child's age level.					
1.4.5	Parent assists the child in accomplishing activities.					

2.0 SPEECH PERCEPTION - AUDITORY

2.1 Hearing Aid Usage

	YES	EMERGING	NO	N/A	NOTO
2.1.1 Parent understands importance of wearing hearing aid.					
2.1.2 Parent maintains hearing aid in good working order.					
2.1.3 Parent's responses to questions about hearing aid function are prompt.					
2.1.4 Parent's responses to questions about the aid are appropriate.					
2.1.5 Parent can describe problem when aid is malfunctioning.					

PRIVILEGED COMMUNICATION

2.2 Structuring the Situation

	YES	EMERGING	NO	N/A	NOTO
2.2.1 Parent provides child with the best listening environment.					
2.2.2 Parent is close to child when talking to him.					
2.2.3 Parent seizes the opportunity to speak when she has the child's attention.					
2.2.4 Parent increases distance from child when calling him.					
2.2.5 Parent hums, sings, talks to or plays games with the child.					

PRIVILEGED COMMUNICATION

		YES	EMERGING	NO	N/A	NOTO
2.3	**Awareness of Sound**					
2.3.1	Parent points out various environmental sounds.					
2.3.2	Parent identifies sound to which child indicated any awareness.					
2.3.3	Parent immediately reinforces child's response to sound.					
2.3.4	Parent repeats noise that was pleasant to child.					
2.3.5	Parent plays with child using noisemaking toy(s).					
2.4	**Awareness of Speech**					
2.4.1	Parent relies on voice as primary attention getter.					
2.4.2	Parent uses child's name in positive vocal tone.					
2.4.3	Parent calls attention to the speaker.					
2.4.4	Parent engages in vocal play with child.					
2.4.5	Parent expects child to respond to his name.					

2.5 Auditory Recognition

		YES	EMERGING	NO	N/A	NOTO
2.5.1	Parent expects child to respond to intonation patterns before he understands other aspects of language.					
2.5.2	Parent asks for object within a closed set.					
2.5.3	Parent can list word or phrases child can recognize.					
2.5.4	Parent expects child to identify words, phrases or sentences within a closed set.					
2.5.5	Parent expects child to comprehend freely words, phrases or sentences.					

.0 SPEECH PERCEPTION - VISUAL

		YES	EMERGING	NO	N/A	NOTO
3.1	Environmental Management					
3.1.1	Parent sees that there is sufficient light for good lipreading conditions.					
3.1.2	Parent places self in suitable position in relation to light source.					
3.1.3	Parent gets to the child's eye level.					
3.1.4	Parent presents full view of her face to child.					
3.1.5	Parent minimizes the distractions.					
3.2	Parent's Speech Patterns					
3.2.1	Parent speaks clearly.					
3.2.2	Parent's overall rate of speech to the child is slow.					
3.2.3	Parent stresses content words with some getting more emphasis than others.					
3.2.4	Parent uses prosodic features prominently.					
3.2.5	Parent uses prosodic patterns to mark sentences.					

3.3 Speech Recognition - Visual

		YES	EMERGING	NO	N/A	NOTO
3.3.1	Parent talks to the child.					
3.3.2	Parent talks to child when she has his attention.					
3.3.3	Parent directs discrete speech units to child.					
3.3.4	Parent speaks in situations which aid the comprehension and waits for a response.					
3.3.5	Parent expects child to respond without situational clues.					

.0 LANGUAGE BEHAVIOR

	YES	EMERGING	NO	N/A	NOTO
4.1 Child Learns the Function of Language					
4.1.1 Parent interprets child's vocalization as signals for action.					
4.1.2 Parent recognizes different vocalizations as indicators of differing needs and responds accordingly.					
4.1.3 Parent takes child's primitive vocal effort, interprets it and encodes it.					
4.1.4 Parent gives the child the linguistic form for what she believes to be his intent and waits for him to imitate it.					
4.1.5 Parent asks questions and expects some kind of response.					
4.2 Language Content					
4.2.1 Parent uses language for the activity.					
4.2.2 Parent appears alert to child's perceptions.					
4.2.3 Activities are at child's interest level.					
4.2.4 Parent provides language for the child's idea.					
4.2.5 Parental utterances deal with child's interest in here and now.					

		YES	EMERGING	NO	N/A	NOTO
4.3	**Linguistic Form**					
4.3.1	Parent's utterances to child are short.					
4.3.2	Parent uses syntactically simple utterances.					
4.3.3	Parent shortens utterances as child provides feedback.					
4.3.4	Parent's utterances are repetitious.					
4.3.5	Parent's language is redundant.					
4.4	**Fostering Language Behavior**					
4.4.1	Parent converses with child.					
4.4.2	Parent is governed by child's feedback in providing language.					
4.4.3	Parent expands own and child's language.					
4.4.4	Parent uses pictures of people, objects and activities to initiate conversation.					
4.4.5	Parent expects child to know a given number of words and phrases.					

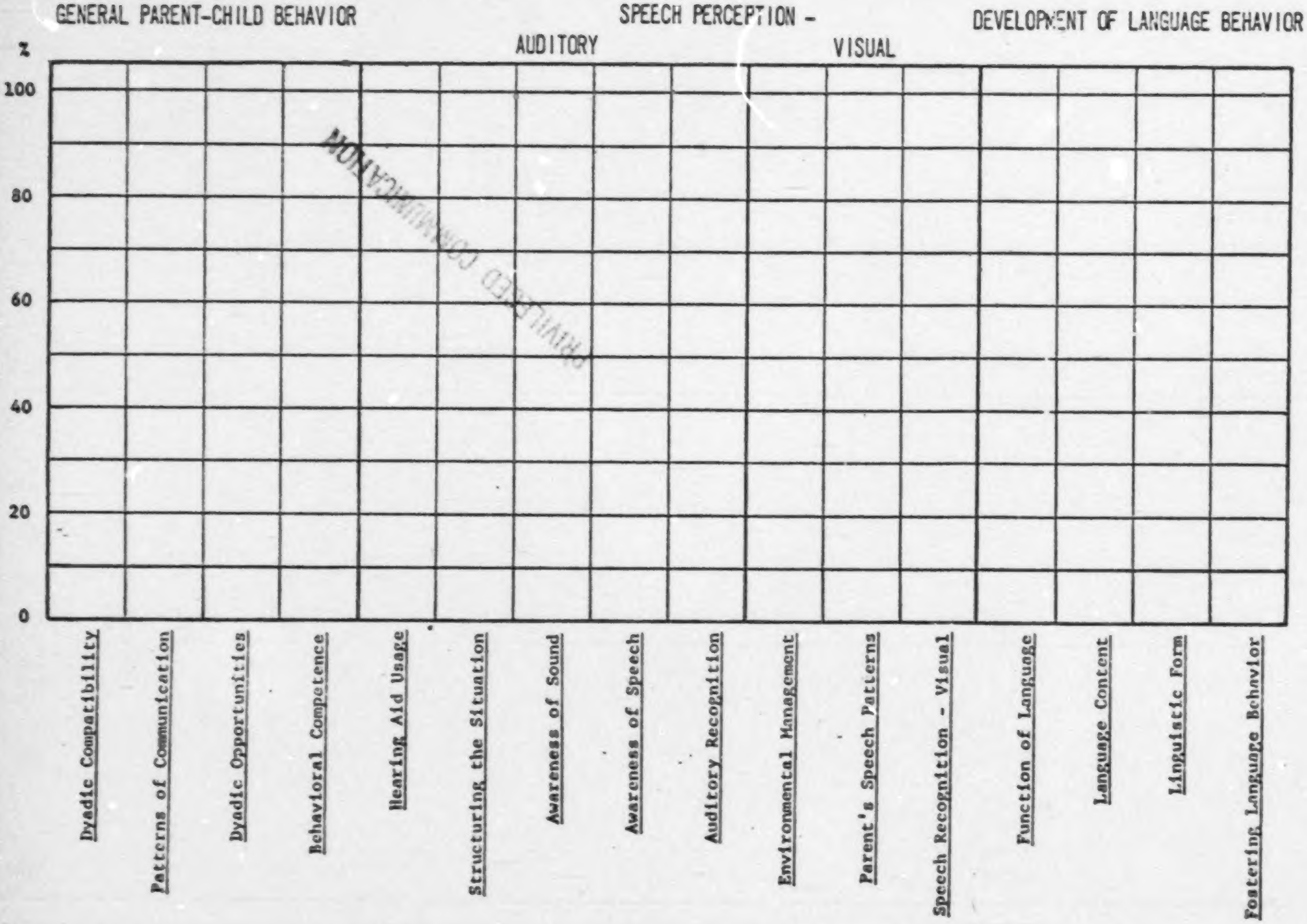
CENTRAL INSTITUTE FOR THE DEAF
PARENT-INFANT PROGRAM

PARENT PROFILE

Name ______________

Date ______________

PRIVILEGED COMMUNICATION



DELAWARE COUNTY INTERMEDIATE UNIT
SERVING THE SCHOOLS OF DELAWARE COUNTY

Assistant Executive Directors
P. TERENCE KOHLER
[illegible]
JAMES F. SHIELDS
Vocational-Technical Education Director
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Special Education Director
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Executive Director

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Pupil Personnel Specialist
ALFRED N. [illegible]
Language Arts Specialist
NICHOLAS A. STENNATO
Management Specialist
SUSAN C. STEPHENSON
Administrative Assistant for Personnel
ALPHONSO RANDOLPH
Supervisor Maintenance and Operations
GEORGE W. MYERS

July 2, 1979

Mrs. Patricia Gilliam
Central Institute for the Deaf
818 South Euclid
St. Louis, MO 63110

Dear Mrs. Gilliam:

Thank you and Mrs. Rudman so very much for your outstanding two-day inservice regarding parent/infant programming. Not only was the staff impressed, the parents and our parent volunteers all commented favorably about the content and quality of the presentation.

We remain most interested in continuing our association with the Central Institute for the Deaf Parent/Infant project. Specifically, I would like to duplicate as much of the program at C.I.D. as is reasonable for our setting. I am particularly interested in sending a staff member to C.I.D. for whatever time appears appropriate to those of you at the Institute. I have a well-trained Clarke teacher of the deaf who could be released for up to a week for this purpose, perhaps sometime in October.

Thank you again for your interest and high quality presentation. I hope you have a more restful summer than your trip here!

Sincerely,

L. F. Wilson/dw

Lillian F. Wilson
Supervisor
PROGRAMS FOR THE HEARING IMPAIRED

LFW:dw

CENTRAL INSTITUTE
MAY 1979
FOR THE DEAF

P.A.T.H
Parent Infant Program
314 West First St.
Farmington, Mo.
April 9, 1979

Audry Simmons - Martin, Ed.D.
Central Institute for the Deaf
818 South Euclid
St. Louis, Mo.

Dear Dr. Simmons - Martin,

On behalf of the P.A.T.H Board and myself we wish to extend our Thanks for your, as well as your staffs, cooperation and hard work in presenting the five - day training period at the Parent - Infant Program during the week of March 5 - 9, 1979. It was obvious that much work went into the preperation and completion of this Training session making it a pleasant yet Educational experience.

We at the P.A.T.H.center welcome you and or your staff to visit our facility any time you are in the Farmington area. We also hope you will continue to remain available in assisting us in serving the MRDD clients of our area.

Yours Truly,
Allen L. Fischer
Allen L. Fischer M.S.
Program Director

AIF/vls

SPEECH, HEARING AND NEUROSENSORY CENTER | DONALD KREBS Ph.D., DIRECTOR
A DIVISION OF
CHILDREN'S HOSPITAL AND HEALTH CENTER
| 8001 FROST STREET | SAN DIEGO | CALIFORNIA 92123 | 292-3482

February 23, 1979

Mrs. Marilyn Goldwasser
c/o C.I.D.
Parent-Infant Program
818 S. Euclid
St. Louis, Mo 63110

Dear Mrs. Goldwasser,

I would like to thank you for the excellent and stimulating presentation of the C.I.D. Parent-Infant Program. The success of your presentation was underscored by the numerous comments from the staff relative to establishing a similar type of program here. Certainly imitation is a good sign of success.

Thank you again for taking the time to meet with us.

Best Personal Regards,

Chris

Chris Hagen, Ph.D.
Chairman
Department of Speech Pathology

CH/js

LUZERNE INTERMEDIATE UNIT

NELLO A. RICCETTI, EXECUTIVE DIRECTOR

SPECIAL EDUCATION DEPARTMENT

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Kingston, Pennsylvania 18704
(717) 287-9681

PAUL V. IRZINSKI
Director
Special Education

JOSEPH P. BRISLIN
Director
Pupil Personnel Service

JANICE MATTEI
Instructional Advisor

RONALD A. MORAN
Instructional Advisor

DONALD E. WALLACE
Instructional Advisor

CENTRAL INSTITUTE
[illegible]
FOR THE DEAF

Audrey Simmons Martin, Ed. D.
Director Parent Infant Program
818 South Euclid Avenue
St. Louis, Missouri 63110

Dear Dr. Martin:

Thank you for allowing me to visit Central Institute for the Deaf and your excellent Parent Infant Program. The insight and knowledge gained will certainly assist me in developing the Luzerne Intermediate Unit's program for pre-school hearing impaired children residing in Northeastern Pennsylvania.

I want to also thank your dedicated staff for giving me the needed time and information necessary to understand the Parent Infant Program and its methodologies. Due to the many facets and intricacies of your program an on-site visit was not only profitable but necessary to fully digest your programs intent and scope.

Our Parent Infant Program is finally getting off the ground and we expect to have our first children enrolled in a few days. We have requisitioned some of your training films to assist us in developing our program. I am sure the films will greatly assist our staff as well as the parents of our hearing impaired children. If possible, I would also like to arrange for you or one of your staff members to visit our project and assist us in providing the best possible service to our hearing impaired children and their families.

My staff is interested in obtaining a copy of the CID Test for assessing early communication skills of hearing impaired children. We would appreciate any information that you can send us concerning this test.

I will keep you informed of future happenings of our project.

Thank you again for the kindness and hospitality you extended to me.

Sincerely,

Lou

Louis R. Sieminski, Ph. D.
Title IV C Project Director
Luzerne Intermediate Unit

LRS/ew

St. Louis University Medical Center
1402 S Grand Blvd., St. Louis, Mo. 63104 314/664-9800

Program in Community
Health Sciences

Richard S. Kurz, Ph.D.
Director

January 29, 1979

Patricia A. Gilliam, M.S.
Coordinator, Parent-Infant
Program
Central Institute for the
Deaf
818 South Euclid
St. Louis, Missouri 63110

Dear Pat:

On behalf of the Department of Community Medicine, the participating medical students and myself, I want to thank you for your participation in the mini-course. The comments that I have received both directly and indirectly from students have been quite positive and expressed the hope that the experience would be repeated for other students.

I will have an opportunity to offer the course again in March and will contact you later as to your availability for contributing at that time. Also, based on this first experience with the course, I am planning revisions and any comments or suggestions which you might have for improving the course would be greatly appreciated.

I know that you share with me the belief that education of medical students is a first step toward improving the chances for a successful life for deaf infants. I look forward to working with you again in this effort.

Sincerely yours,

Rick Kurz

Richard S. Kurz, Ph.D.

RSK:bd

School of Medicine • School of Nursing and Allied Health Professions • Graduate Programs in Orthodontics and in Hospital and Health Care Administration • University Health Center • Institute for Molecular Virology
University Hospitals: Bordley Memorial Pavilion · Firmin Desloge · David P. Wohl Memorial Mental Health Institute

CENTRAL INSTITUTE FOR THE DEAF EARLY EDUCATION PROGRAM

TRAINING EVALUATION

Date: 7.1[illegible]

Place: Callier Center) 4 from [illegible] RDSD

Position: [illegible]
(Teacher, Administrator, Other Specify)

I. Please rate this training by circling One number on the continuum from 1 to 5 which most clearly describes your reactions.

1. GOALS: Were the goals of this training clear to you?

1	2	3	4	5
very clear				unclear

Comment:

2. CONTENT: Was the content or substance of the training appropriate for you?

1	2	3	4	5
appropriate				inappropriate

Comment:

3. COVERAGE: Did the training cover the aspects you felt should be covered.

1	2	3	4	5
comprehensive				superficial

Comment:

4. ORGANIZATION: Was the training well organized?

1	2	3	4	5
very well				poorly

Comment:

5. PRACTICALITY: Were the practical applications of the process evident?

1	2	3	4	5
quite evident				not evident

Comment:

6. MEDIA: Was the media helpful?

1	2	3	4	5
very helpful				not helpful

Comment:

7. HAND-OUTS: Were the hand-outs sufficiently helpful?

1	2	3	4	5

Comment:

8. LEVEL OF DIFFICULTY: How would you rate the training?

1	2	[✓ 3]	4	5
too difficult				too elementary

Comment:

9. **PACE**: Was the pace of the training appropriate?

1 too fast   2   [✓ 3]   4   5 too slow

Comment:

10. QUESTIONS: Were your questions adequately answered?

[✓ 1] adequate   2   3   4   5 inadequate

Comment:

Thank you for your time in responding to this questionnaire.

Optional Signature:

Excellent workshop. Enough was given to equate with 3 hr. college credit! The media used was extremely helpful. Copies of the slides and video tapes of the global-auditory approach, use of charts, etc. would be helpful. We needed a positive "shot in the arm" to reinforce our feelings & ideas toward teaching deaf kids.

CENTRAL INSTITUTE FOR THE DEAF EARLY EDUCATION PROGRAM

TRAINING EVALUATION

Date: 7/20/79

Place: Callier - Longview Regional Day School

Position: Teacher
(Teacher, Administrator, Other Specify)

I. Please rate this training by circling One number on the continuum from 1 to 5 which most clearly describes your reactions.

1. GOALS: Were the goals of this training clear to you?

[✓ 1] 2 3 4 5

very clear ... unclear

Comment:

2. CONTENT: Was the content or substance of the training appropriate for you?

[✓ 1] 2 3 4 5

appropriate ... inappropriate

Comment:

3. COVERAGE: Did the training cover the aspects you felt should be covered.

[✓ 1] 2 3 4 5

comprehensive ... superficial

Comment:

4. **ORGANIZATION**: Was the training well organized?

Excellent

[✓ 1] 2 3 4 5

very well ... poorly

Comment:

5. **PRACTICALITY**: Were the practical applications of the process evident?

[✓ 1] 2 3 4 5

quite evident ... not evident

Comment:

6. **MEDIA**: Was the media helpful?

Excellent

[✓ 1] 2 3 4 5

very helpful ... not helpful

Comment:

7. **HAND-OUTS**: Were the hand-outs sufficiently helpful?

[✓ 1] 2 3 4 5

Comment:

8. **LEVEL OF DIFFICULTY**: How would you rate the training?

1 2 [✓ 3] 4 5

too difficult ... too elementary

Comment: [illegible] Challenging at same time – Discussions helped in clearing some points - Excellent for maintaining interest as well as covering many aspects of topic

9. PACE: Was the pace of the training appropriate?

1 too fast — 2 — [✓ 3] — 4 — 5 too slow

Comment: for amount of time allowed – yes

10. QUESTIONS: Were your questions adequately answered?

[✓ 1] adequate — 2 — 3 — 4 — 5 inadequate

Comment:

Thank you for your time in responding to this questionnaire.

Optional Signature: ______________________

This workshop was without doubt the most interesting & beneficial workshop this teacher has ever attended. This teacher is going home with a good feeling of accomplishment and time well spent. Dr. Martin is an excellent authority on deaf education ~~[illegible]~~ at all levels & all facets. ~~[illegible]~~ It would make the workshop all the more meaningful if participants were provided the opportunity to go to CID and observe The Global Language Approach first-hand.

~~and make [illegible]~~

CENTRAL INSTITUTE FOR THE DEAF EARLY EDUCATION PROGRAM

TRAINING EVALUATION

Date: July 18-20, 1979

Place: ~~Callier~~ Callier Lufkin

Position: Teacher
(Teacher, Administrator, Other Specify)

I. Please rate this training by circling One number on the continuum from 1 to 5 which most clearly describes your reactions.

1. GOALS: Were the goals of this training clear to you?

   1 [✓ 2] 3 4 5
   very clear — unclear

   Comment:

2. CONTENT: Was the content or substance of the training appropriate for you?

   [✓ 1] 2 3 4 5
   appropriate — inappropriate

   Comment:
   This training program has helped me realize that the parents of some of my students have not been given the proper counseling that they need to accept their deaf child and the need of that child.

3. COVERAGE: Did the training cover the aspects you felt should be covered.

   1 [✓ 2] 3 4 5
   comprehensive — superficial

   Comment:

4. **ORGANIZATION**: Was the training well organized?

[✓ 1] 2 3 4 5

very well … poorly

Comment:

5. **PRACTICALITY**: Were the practical applications of the process evident?

1 [✓ 2] 3 4 5

quite evident … not evident

Comment:

6. **MEDIA**: Was the media helpful?

[✓ 1] 2 3 4 5

very helpful … not helpful

Comment:

7. **HAND-OUTS**: Were the hand-outs sufficiently helpful?

[✓ 1] 2 3 4 5

Comment:

8. **LEVEL OF DIFFICULTY**: How would you rate the training?

1 2 [✓ 3] 4 5

too difficult … too elementary

Comment:

9. PACE: Was the pace of the training appropriate?

1 too fast | 2 | [✓ 3] | 4 | 5 too slow

Comment:

10. QUESTIONS: Were your questions adequately answered?

[✓ 1] adequate | 2 | 3 | 4 | 5 inadequate

Comment:

Thank you for your time in responding to this questionnaire.

Optional Signature: ______________________

CENTRAL INSTITUTE FOR THE DEAF EARLY EDUCATION PROGRAM

TRAINING EVALUATION

Date: July 18-20, 1979

Place: ~~Callier~~ Temple RDSD

Position: Teacher
(Teacher, Administrator, Other Specify)

I. Please rate this training by circling One number on the continuum from 1 to 5 which most clearly describes your reactions.

1. **GOALS**: Were the goals of this training clear to you?

   1 [✓ 2] 3 4 5
   very clear — unclear

   Comment:

2. **CONTENT**: Was the content or substance of the training appropriate for you?

   [✓ 1] 2 3 4 5
   appropriate — inappropriate

   Comment:
   It was very appropriate because I learned how they worked with 0-3 yr. old. She addressed the difference inherent in focusing on parent ed. rather than Chil centered ed.

3. **COVERAGE**: Did the training cover the aspects you felt should be covered.

   [✓ 1] 2 3 4 5
   comprehensive — superficial

   Comment:

4. ORGANIZATION: Was the training well organized?

1	[✓ 2]	3	4	5
very well				poorly

Comment:

5. PRACTICALITY: Were the practical applications of the process evident?

[✓ 1]	2	3	4	5
quite evident				not evident

Comment:

6. MEDIA: Was the media helpful?

[✓ 1]	2	3	4	5
very helpful				not helpful

Comment:

7. HAND-OUTS: Were the hand-outs sufficiently helpful?

[✓ 1]	2	3	4	5

Comment:

8. LEVEL OF DIFFICULTY: How would you rate the training?

1	2	[✓ 3]	4	5
too difficult				too elementary

Comment:

9. PACE: Was the pace of the training appropriate?

1	2	[✓ 3]	4	5
too fast				too slow

Comment:

10. QUESTIONS: Were your questions adequately answered?

[✓ 1]	2	3	4	5
adequate				inadequate

Comment:

Thank you for your time in responding to this questionnaire.

Optional Signature: Cindy Childs

I thought that this workshop was very beneficial. I learned so much which I have been looking for all year. I would very much like to have the materials & tapes etc. to share with the parents with which I work. I enjoyed the workshop learned a great deal from Dr. Simmons-Martin